



Commonwealth of Massachusetts
Department of Fire Services – Board of Fire Prevention

APPLICATION and PERMIT

Fee: _____

for storage tank removal and transportation to approved tank disposal yard in accordance with the provisions of M.G.L. Chapter 148, Section 38A, 527 CMR 9.00, application is hereby made by:

Tank Owner

Tank Owner Name (please print) _____ X _____
Signature (if applying for permit)

Address _____
Street City State Zip

Removal Contractor

Company Name _____
Print

Address _____
Print

Signature (if applying for permit) _____

☐ IFCI Certified ☐ Other _____

Contamination Assessment

Co. or Individual _____
Print

Address _____
Print

Signature (if applying for permit) _____

☐ IFCI Certified ☐ LSP # _____ ☐ Other _____

Tank Information

Tank Location _____
Street Address City

Tank Capacity (gallons) _____ Substance Last Stored _____

Tank Dimensions (diameter x length) _____

Remarks: _____

Disposal Information

Firm transporting waste _____ State Lic. # _____

Hazardous waste manifest# _____ E.P.A. # _____

Approved tank disposal yard _____ Tank yard # _____

Type of inert gas _____ Tank yard address _____

Approvals

City or Town _____ FDID# _____ Permit# _____

Date of issue _____ Date of expiration _____

Dig safe approval number: _____

Dig Safe Toll Free Tel. Number - 800-322-4844

Signature / Title of Officer granting permit _____

After removal(s) send Form FP-290R signed by Local Fire Dept. to UST Regulatory Compliance Unit, One Ashburton Place, Room 1310, Boston, MA 02108-1618.